

Like others,<sup>7</sup> we argue that HIV should be seen within the context of sexually transmitted infections in general and that encouraging HIV testing in isolation from other aspects of sexual health will be detrimental to the health of the nation.

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- 2 MacKenzie S, Hulme N, Lawrence A. The incidence of sexually transmitted disease in patients requesting an HIV antibody test. Medical Society for the Study of Venereal Diseases, Zurich, 6-9 May 1993.
- 3 Squire SB, Elford J, Bor R, Tilsed G, Salt H, Bagdades EK, *et al*. Open access clinic providing HIV-1 antibody results on day of testing: the first twelve months. *BMJ* 1991;302:1383-6.
- 4 Bor R, Lipman M, Elford J, Murray D, Miller R, Griffiths P, *et al*. HIV seroprevalence in a London same-day testing clinic. *AIDS* 1994;8:697-700.
- 5 Ward H, Hickman M. The epidemiology of AIDS and HIV in North West Thames. London: Academic Department of Public Health, St Mary's Medical School, 1994.
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- 7 Evans B. New clinics for HIV testing: a waste of money? *BMJ* 1993;306:462.

#### What is normal vaginal flora?

I am puzzled by the statement that the female genitourinary clinic workers who participated in Priestley and colleagues' study of normal vaginal flora<sup>1</sup> were anonymised. Although names were not used, there is enough information in the published report for at least two individuals, and probably more, to identify themselves. I think that they may also be identifiable to their immediate colleagues if, as is likely, they were known to have taken part in the study.

Perhaps we need greater clarity about the meaning of anonymity, especially in small studies in which individual level data are reported.

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- 1 Priestley CJF, Jones BM, Dhar J, Goodwin L. What is normal vaginal flora? *Genitourin Med* 1997;73:23-8.

#### Reply

The authors of the study of normal vaginal flora<sup>1</sup> (especially the one who herself participated) initially shared the concerns of Hilary Curtis about anonymity, and the design of the study reflected this. Extensive discussion took place among the staff of the clinics while we were recruiting participants, and it transpired that the only concern about the data requested related to the women's perceived infrequency of sexual intercourse in comparison with others.

Identification to colleagues by age range was unlikely in view of the large numbers of staff working in the three centres taking part in the study. Identification by sexual behaviour would not be possible unless an

individual had previously discussed said behaviour with colleagues. In fact, several of the participants quite openly discussed their results with other colleagues. Perhaps more importantly, it would not be possible for an outsider to identify any of the participants of the study.

Following completion of the study, individual results were made available by being placed in numbered envelopes for collection; thus in fact all of the participants of the study were able to identify themselves. Finally, after analysis, the results were presented to the clinic staff, and none expressed any reservations about publication of the data; nor have they done so since. Similar concerns about anonymity have previously been raised with regard to case studies<sup>2</sup>; the important issue is that of consent, and we are confident that all the participants of our study gave informed consent to publication.

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- 1 Priestley CJF, Jones BM, Dhar J, Goodwin L. What is normal vaginal flora? *Genitourin Med* 1997;73:23-8.
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## BOOK REVIEW

*All titles reviewed here are available from the BMJ Bookshop, PO Box 295, London WC1H 9TE. Prices include postage in the UK and for members of the British Forces Overseas, but overseas customers should add 15% to the value of the order for postage and packing. Payment can be made by cheque in sterling drawn on a UK bank, or by credit card (Mastercard, Visa, or American Express) stating card number, expiry date and full name.*

**Genito-urinary medicine for nurses.** By A SUTTON and S PAYNE. (Pp 289; £24.50.) 1996. London: Whurr Publishers. ISBN 1 861 56 011 7.

This excellent book edited by Alison Sutton and Stephanie Payne of the Genito-Urinary Nurses Association, and with contributions from nurse practitioners countrywide, is a welcome addition to the genitourinary nursing library. It is an extremely easy book to read, and it will be a useful aid not only to GU nurses, but also to practice, school, community, family planning, and gynaecology nurses.

It provides information on sexually transmitted infections and their management, offers information on cytology, colposcopy and HIV, and briefly outlines the role of the nurse working in these areas. With comprehensive referencing in most chapters, it provides a source of further information for GU nurses wishing to continue their own professional development, while the detailed indexing allows easy access to all the information contained in the book for at a glance reference. The book provides excellent examples of practice including practice statements, which are useful guides for any clinic where they are not yet implemented, and will

provide additional information for those clinics currently using them.

While looking at sexually transmitted infections in detail, and providing fascinating insights into the historical aspects of some of the infections, it perhaps does not emphasise sufficiently the "other" side of GUM. With many of our patients presenting with problems other than infection, it would have been useful to have included some paragraphs on the nature of these problems, in particular the role of the nurse in dealing with the psychological trauma that may accompany the often long standing physical problem. For those readers who are not GU nurses, it would also raise awareness of the widening scope of GU medicine.

With the advent of diploma and degree programmes in sexual health, it might also be beneficial if in future editions of the book, some mention of nursing research, reflective practice, management, and a little more detail on clinical supervision and microscopy relating to GU nursing were to be made. Also with our specialty so heavily entrenched in attitudes and prejudice, perhaps a little more space could have been allocated to the nurse/patient relationship, in particular the part the nurse plays in assisting patients to cope positively with their visit/diagnosis.

The personal experience of all authors contributing to this book clearly illustrates the widely differing role of the nurse in genitourinary medicine, and provides a wealth of experience that will be of great benefit to all readers whether in the GU setting or elsewhere. It is a book to be highly recommended to all departments of genitourinary medicine, and to nurses in other specialties who recognise the need to improve their knowledge of the wider issues of sexually transmitted infections.

ANGELA CARPENTER

## NOTICES

**18th Annual Congress of the European Society of Mycobacteriology (ESM-97), 17-18 June 1997, Cordoba, Spain**

Further details: Congress Secretariat of ESM-97 and ISM-97, Vincit International Agency, Plaza de Espana noLIST18, Torree de Madrid, Planta no10, 28008 Madrid, Spain. Tel 34-1-5590426; Fax 34-1-5592505.

**3rd International Conference on AIDS Impact—Biopsychosocial Aspects of HIV Infection, 22-25 June 1997, Melbourne, Australia**

Further details: Conference Secretariat, AIDS Impact, the Meeting Planners, 108 Church Street, Hawthorn, Victoria, Australia 3122. Tel +61-3-9819-3700; Fax +61-3-9819-5978.

**37th General Assembly, IUVDT, in conjunction with Asia Pacific Branch, IUVDT, Melbourne, 25-28 June 1997**

Further details: The Meeting Planners, Australia. Tel: +613 9819 3700; Fax: +613 9819 5978.

**20th International Congress of Chemotherapy (ICC)—Sydney, 29 June-4 July 1997**